VERMONT

Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 05/08/07

Board Members:

Michael Scovner, M.D., Chair	Rich Harvie, R.Ph.	Lynne Vezina, R.Ph.
Andrew Miller, R. Ph.	Norman Ward, M.D.	Stuart Graves, M.D.
	Frank Landry, M.D.	Virginia Hood, M.D.

Staff:

Ann Rugg, OVHA	Scott Strenio, M.D., OVHA	
Diane Neal, R.Ph., (MHP)	Nancy Miner, (MHP)	Robin Farnsworth, OVHA
Jennifer Mullikin, OVHA	Sandi Drury, (MHP)	Stacey Baker, OVHA

Guests:

Bob Meany, Takeda	Julie Foster, Merck	Michael Pond, Merck
Carl Pepe, GSK	Keith Osburn, Sepracor	Molly Miller, OMJ
Charlie Williams, Amylin	Keith White, Genentech	Paul Kelly, Janssen
Christina Carmody, Shire	Kevin Boehmcke, Abbott	Scott Mosher, GSK
Danielle Moon, Merck	Laura Bartels, Takeda	Tom Madson, Eli Lilly
Glenn E. Dooley, Sr, Sanofi-Aventis	Lyndon Braun, Santarus	Tracy Wall, Merck
Greg Rothermich, Purdue	Matt Badalucco, Merck	

Michael Scovner, M.D., Chair, called the meeting to order at 7:07 p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The April 2007 meeting minutes were accepted as printed without amendment.

Public Comment: No public comment.

3. OVHA Pharmacy Administration Updates: *Ann Rugg - Deputy Director, OVHA*

- S115 – Privacy Provision for Prescribing: The language in this bill was modeled on a bill previously approved in New Hampshire. The courts in New Hampshire ruled against that bill. Consequently, the language in S115 has been revised.
- Soverign States Drug Consortium (SSDC): An RFP for rebate negotiation services has been posted on the OVHA website. The consortium includes the states of Maine, Iowa and Vermont.

4. Medical Director Update: *Scott Strenio, M.D. – Medical Director, OVHA*

- Buprenorphine Update: A prescriber taking care of a buprenorphine patient will be paid a capitated rate based on the acuity of the patient. Additionally, there is a collaborative effort with the Department of Corrections to identify a group of inmates to be started on buprenorphine prior to being released from prison to potentially decrease recidivism rates.
- Physician Comments: Included in the DUR packet for review by the Board.

5. Follow-up items from Previous Meeting: *Diane Neal, R.Ph., MedMetrics Health Partners (MHP)*

- Methadone
  Contact has been made with Dr. Michael Borrelo from the FAHC Pain Clinic. Dr. Strenio and Diane Neal to discuss with Dr. Borrelo recommendations on the use of methadone as a pain medication in light of the FDA's recent alert. In the meantime, it was recommended that the FDA alert be posted to the OVHA website for reference.

Public Comment: No public comment.

Board Decision: None needed.

- Duplicate Long Acting Narcotics
  A newer report (1/1/07 – 4/30/07) has been pulled. 79 patients were identified as receiving 2 or more long acting narcotics in this time period. Each patient's profile will be examined to identify if there are issues with duplicative therapy and/or doctor or pharmacy "shopping".

Public Comment: No public comment.

Board Decision: None needed.

- Capital® with Codeine
  Deferred until next meeting.

- Ophthalmics: Wetting Agents
  Deferred until next meeting.

6. Clinical Update: New Drug Reviews: *Diane Neal, R.Ph.(MHP)*

Note: All drug/criteria decisions will be reflected in the next PDL and/or Clinical Criteria update.

- Duetact® (pioglitazone/glimepiride) – Not recommended for addition to the PDL. Coverage would require PA with the patient unable to use Actos® and glimepiride as separate agents. A quantity limit of 1 tablet per day was recommended.

Public Comment: Laura Bartels, Takeda – Commented on the improvement in patient lipid status with Actos®.

Board Decision: The Board approved the MHP recommendations as described.

- Januvia® (sitagliptin)/Janumet® (sitagliptin/metformin) – Not recommended for addition to the PDL. Coverage of Januvia® would require a previous trial of metformin (smart PA - automated step therapy) with a recommended quantity limit of 1 tablet per day. Coverage of Janumet® would require a previous trial of metformin or Januvia® (smart PA - automated step therapy) with a recommended quantity limit of 2 tablets per day.

Public Comment: Julie Foster, Merck - No public comment.

Board Decision: The Board approved the MHP recommendations noted above.

- Forteo® (teriparatide) – Not recommended for addition to the PDL and should be reserved as a second line treatment option due to safety concerns and cost. Coverage would require PA with the indication of treatment of a postmenopausal woman with osteoporosis or for a man with primary or hypogonadal osteoporosis and treatment failure (defined as documented continued bone loss after two or more years) to bisphosphonates or side effect or allergy. The recommended quantity limit would be 1 pen (3 ml) per month.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above with the addition of a requirement that the physician has verified that the patient has been counseled about the osteosarcoma risk.

- Fentora® (fentanyl buccal tablet) – Not recommended for addition to the PDL due to its narrow indication, safety, abuse concerns and availability of less costly alternatives. Coverage would require PA with indication of cancer breakthrough pain, documentation that the patient is opiod tolerant and is on a long-acting opiod formulation and the patient has a documented failure to other breakthrough pain treatment options (immediate release opiods).

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above with the additional requirement that any request that appears approvable must be approved by the Medical Director.

- Marinol® (dronabinol) – Not recommended for addition to the PDL due to the high incidence of significant CNS side effect, the high potential for abuse, and the significant cost. Coverage would require PA with indication of treatment of nausea and vomiting associated with cancer chemotherapy and failure to respond adequately to at least 2 conventional antiemetic agents, of which, one must be a preferred 5HT3 antagonist. The recommended quantity limit per fill would be the quantity needed for a single course of therapy. Coverage would also require PA for treatment of AIDS-related anorexia and would require a documented side effect, allergy, or treatment failure to megestrol acetate.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above.

7. Review of Newly-Developed/Revised Clinical Coverage Criteria: *Diane Neal, R.Ph, (MHP)*

- Anti-Diabetics: Oral:
  Revised clinical criteria were presented that clarify the clinical criteria for approval of non-preferred medications and reflect the additional medications discussed at this meeting.

Public Comment: No public comment.

Board Decision: The revised clinical criteria were unanimously accepted with the requested change that approval of a second generation sulfonylurea brand product would require trials of glimepiride, glipizide or glipizide ER and glyburide or glyburide micronized.

- Anti-Emetics: Other:
  The clinical criteria and quantity limits for Cesamet® and Marinol® were presented.

Public Comment: No public comment.

Board Decision: The clinical criteria were unanimously accepted.

- Cox-II Inhibitors:
  Quantity limit for all strengths of Celebrex® recommended as 2 capsules per day. The Board would like to reconsider the differentiation of PDL status for Celebrex® by patient age. This will be discussed at a future meeting.

Public Comment: No public comment.

Board Decision: The clinical criteria with quantity limits for Celebrex® were unanimously accepted.

- Insulin: Injectable (Levemir® Pen):
  It was recommended that the pen could now move to the preferred side of the PDL along with the vial due to a drop in price.

Public Comment: No public comment.

Board Decision: The Board approved moving Levemir® pen to preferred status as recommended.

- Sedative/Hypnotics: Non-Benzodiazepine:
  Generic zolpidem has moved to preferred status. Clinical criteria for non-preferred products will now require a documented side effect, allergy or treatment failure to both generic zolpidem and Lunesta®.

Public Comment: No public comment.

Board Decision: The revised clinical criteria were unanimously accepted.

- Urinary Antispasmodics:
  It was recommended that Sanctura® be moved over to the preferred side of the PDL. Clinical criteria were also revised so that they would be easier to understand.

Public Comment: No public comment.

Board Decision: The revised clinical criteria were unanimously accepted.

8. New Drug Classes: *Diane Neal, R.Ph. (MHP)*

Note: All drug/criteria decisions from this section will be reflected in the **06/01/07** PDL and/or Clinical Criteria update unless specified otherwise.

- Saliva Stimulants:
  Proposed PDL preferred agents to be pilocarpine and Evoxac®.
  Proposed non-preferred (PA required) agent to be Salagen®.
  Clinical criteria for approval of non-preferred agents were presented.

Public Comment: No public comment.

Board Decision: The Board approved as recommended.

9. Miscellaneous: *Diane Neal, R.Ph. (MHP)*

- Compounded Medications:
  A draft of "Guidelines for Appropriate Need for Compounded Products" was presented. This document was designed to be a guideline for physicians for when Vermont Medicaid would consider the need for a compounded product to be legitimate.

Public Comment: No public comment.

Board Decision: The Board approved the document as presented with a request to change the title to "Review Guidelines for Appropriateness of Compounded Products".

10. RetroDUR: *Diane Neal, R.Ph, (MHP)*

- Acetaminophen Dosing > 4 grams/day
  Patients receiving prescriptions containing acetaminophen at doses greater than 4 grams per day for the period 1/25/07 through 4/25/07 were tabulated. Approximately 80 patients were identified receiving either single products or multiple products that delivered 4 grams per day of acetaminophen.

Public Comment: No public comment.

Board Decision: The Board requested to see override reasons submitted by pharmacists for large doses of acetaminophen. A patient specific letter will be sent to physicians with alternative suggestions that would lessen acetaminophen doses.

- Asthma Exacerbation Admissions
  At the last DUR Board meeting it was suggested that drug therapy be examined for patients admitted with a diagnosis of asthma exacerbation. Clarification was received that the Board would like to review drug therapy for patients with both inpatient and Emergency Department admissions.

Public Comment: No public comment.

Board Decision: None needed.

- Mental Health Drugs in Young Children
  OVHA has received a letter from the Vermont Association for Mental Health asking Vermont Medicaid to examine the use of mental health drugs in young children (6 years and younger). It was suggested that claims data be pulled for this age group for mental health drugs.

Public Comment: No public comment.

Board Decision: None needed.

11. Updated New-to-Market Monitoring Log: *Diane Neal, R.Ph, (MHP)*

- This log shows new entries in the market highlighted in red. The log is informational only. Suggested dates for review are to be used as a guide only. The actual date of review will depend on the complexity of the agenda.

Public Comment: No public comment.

Board Decision: The Board approved all MHP recommendations.

12. Adjourn: Meeting adjourned at 9:10 p.m.

Next DUR Board Meeting
Tuesday, June 12, 2007
7:00 - 9:00 p.m.*
EDS Building, OVHA Conference Room
312 Hurricane Lane, Williston, VT
(Entrance is in the rear of the building)

* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.